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CONFIRMATION NO. 6314

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SERIAL NUMBER 10/721,798	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. 117-485
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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/916,201 07/27/2001 ABN which is a CIP of 09/467,893 12/21/1999 ABN which claims benefit of 60/113,783 12/23/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 4	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				

Verified and Acknowledged

Examiner's Signature

Initials

ADDRESS

23117

TITLE

DETECTION OF CD8+ T CELL RESPONSES TO M. TUBERCULOSIS

FILING FEE RECEIVED 1112	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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